

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034801

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4953

VS 300  
Rev. 4/59

1  
23501

3

4

5

6

7 1

8 1

9527.1

10

11

12

13

DATE AMENDED

10-11-62

10-11-62

10-11-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

forces

Divorced

retired - laborer

DOCUMENT

ITEM NO. SHOULD READ

10 & 15

20 yrs. No service in armed forces

10a

Divorced - laborer

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>3253 Gillham Rd.</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>M.</b> Last <b>Horn</b>		4. DATE OF DEATH Month <b>September</b> Day <b>20</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>10-30-93</b>
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <b>retired laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>68</b>
11a. FATHER'S NAME <b>William H. Horn</b>		11b. MOTHER'S MAIDEN NAME <b>Susa Calcote</b>	11. BIRTHPLACE (City and state or country) <b>Dora, Ark.</b>
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		13. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
14. NAME OF HUSBAND OR WIFE <b>-</b>		15. INFORMANT <b>D. W. Newcomer's Sons</b> Address <b>K. C. Mo.</b>	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Aspiration pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pulmonary emphysema</b>			
DUE TO (c) <b>-</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>-</b> a.m. <b>-</b> p.m. <b>-</b>	Month, Day, Year <b>-</b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY <b>-</b> STATE <b>-</b>
21. I attended the deceased from <b>8-20-62</b> to <b>9-20-62</b> and last saw her alive on <b>9-20-62</b> Death occurred at <b>5:00</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>[Signature]</b> (Degree or title)	
22b. ADDRESS <b>2400 Cherry</b>		22c. DATE SIGNED <b>9-25-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>9-21-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blackwell Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Blackwell, Okla</b>
24. FUNERAL DIRECTOR <b>D. W. Newcomer's Sons</b> ADDRESS <b>1331 Brush Creek</b>		25. DATE RECD. BY LOCAL REG. <b>9-18-62</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLO

ITEM NO. SHOULD READ

INSTEAD OF

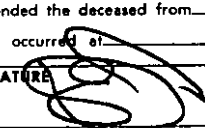
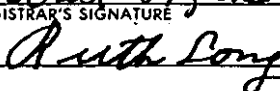
BY AFFIDAVIT OF

DOCUMENT

E. Frank Ellis

MEDICAL CERTIFICATION

DOCUMENT

13a. FATHER'S NAME <b>WILLIAM H. HORN</b>		13b. MOTHER'S MIDDLE NAME <b>SUSA CALCOTE</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>325-05-7424A</b>		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Aspiration pneumonitis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pulmonary emphysema</b> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>8-20-62</b>		and last saw her him alive on <b>9-20-62</b>		Death occurred at the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE 		22b. ADDRESS <b>2400 Cherry</b>		22c. DATE SIGNED <b>9-25-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>9-21-62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>BLACKWELL CEMETERY</b>	
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons, Kansas City Mo</b>		25. DATE RECD. BY LOCAL REG. <b>9-28-62</b>		26. REGISTRAR'S SIGNATURE 	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harold D. Reich*

Licensed Embalmer No.

*4998*

P. O. Address

*K. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.